



Alpha Phi Alpha, Inc.
GAMMA LAMBDA EDUCATION FOUNDATION
P.O. Box 441763 Detroit, MI 48244 www.1906glef.org
Application for Scholarship

About You:

Name:(Last/First/Middle) _____

Address: _____ City: _____ Zip _____

Phone: _____ Age: _____ Date of Birth: _____ E-mail address _____

Parent/Guardian Name: _____ Phone: _____

About Your High School:

Name: _____ Address: _____

Telephone Number: _____ City, State Zip: _____

Date you expect to graduate from high school: _____ Counselor's Name: _____

About Your Grades and Extracurricular Activities:

Accumulative Grade Point Average: _____ Class Rank _____ Class Size: _____
10th Grade 11th Grade 12th Grade

Extracurricular Activities in which you participated:

1. _____ 2. _____ 3. _____

Your community involvement:

1. _____ 2. _____ 3. _____

About Your Plans for the Future:

College you plan to attend: _____ City/State _____

Professional Goal: _____

The Agreement

If I am selected to receive a scholarship, I understand that I will be required to participate in the scholarship program and all related activities scheduled by the Foundation. **I understand that it is my responsibility to notify the Foundation on any conflicts in a timely manner. My failure to participate and/or communicate may disqualify me for the scholarship or reduce the amount of scholarship.**

Signature: _____ Date: _____

Application must be received by the Foundation by March __, 2025